



Anniversary Information Acknowledgement and Commitment to Continue Membership

The undersigned representative of the City of Nevada acknowledges that he/she:

- Confirms, to the best of his/her knowledge, that all information provided is complete and accurate.
- Reviewed the optional coverage(s) offered by the Iowa Communities Assurance Pool for increased limits. After consideration of the coverage(s) offered and the contribution for same, City of Nevada has elected to:
 - Waive any and all coverage(s) and any applicable contribution charges. City of Nevada understands that to add increased limits coverage in the future, it will be subject to Iowa Communities Assurance Pool's approval and underwriting guidelines at the time of the request and that such request must be made in writing. In addition, City of Nevada will not hold the Iowa Communities Assurance Pool responsible for this decision to waive optional coverage(s).
 - Accept the increased limits: _____
(Limit of Liability Accepted)
 - Accept the following deductible: _____
(Deductible Accepted)
- *If acceptance of alternate limits/deductibles is not indicated above, coverage will be bound per the limits and deductibles noted on the original anniversary invoice

I, City of Nevada, do hereby affix my signature to this form and promise to submit the contribution of \$432,962 (less attached vouchers if applicable) by _____.
In order to fulfill this commitment, our check will be received by the Iowa Communities Assurance Pool, at the address on this form, no later than _____.

Printed Name _____
Signature _____
Date _____



Member Proxy

Be it known, that the undersigned representative of the Governmental Sub-Division (hereafter referred to as MEMBER) by resolution of the governing body, a copy of which is attached hereto, hereby nominates and appoints the following individual and alternate to represent the MEMBER with the Iowa Communities Assurance Pool (hereinafter referred to as the POOL). The individual and alternate shall act as liaison between MEMBER and the POOL for the purposes of relating risk reduction and loss control information, and any other loss information or instructions concerning the obligations of the MEMBER imposed by signing the Iowa Risk Management Agreement and the rules and regulations established thereunder, to the same extent and with like effect as the undersigned thereunder, to the same extent as the undersigned could do if personally present and the undersigned does hereby ratify and confirm and adopt all action done or taken by the individual or alternate.

Primary Contact:	<u>Jordan Cook</u>	Alternate Contact:	Kerin Wright <u>Erin Mousel</u>
Title:	<u>City Administrator</u>	Title:	<u>City Clerk</u>
Address:	<u>1209 6th Street</u>	Address:	<u>1209 6th Street</u>
Address:	_____	Address:	_____
City, State, Zip:	<u>Nevada, IA 50201</u>	City, State, Zip:	<u>Nevada, IA 50201</u>
Email:	<u>jcook@cityofnevadaiaowa.org</u>	Email:	kwright@cityofnevadaiaowa.org
Telephone:	<u>5153825466</u>	Telephone:	<u>5153825466</u>

emousel@cityofnevada.org

In witness whereof, this proxy was executed on the _____ day of _____, in the year _____, by the undersigned duly authorized officers of the Governmental Subdivision indicated below:

Governmental Subdivision: City of Nevada
Member ICAP #: 324

By: _____
Title: _____
By: _____
(City Clerk/County Auditor/Board Secretary)



Member Invoice

Member Name: City of Nevada

Anniversary Date: 07/01/2026

Policy Number: R0324PC202601-01

Coverage	Limit of Coverage	Contribution
General Liability	\$2,000,000	\$68,691.00
Automobile Liability	\$2,000,000	\$15,212.00
Law Enforcement Liability	\$2,000,000	\$7,798.00
Public Officials Wrongful Acts	\$2,000,000	\$9,868.00
Excess Liability	\$8,000,000	\$33,665.00
Vehicles	\$4,517,286	\$41,502.00
Property	\$113,525,510	\$254,719.00
Equipment Breakdown	Included	Included
Crime	\$25,000	\$0.00
Bond		\$1,507.00
TOTAL CONTRIBUTION		\$432,962.00

Payment for this invoice can be submitted electronically via the ICAP website.

Please visit www.icapiowa.com and click "Member Pay" at the top right of the page to pay via ACH transfer. There is no fee for utilizing this service. If you require assistance or prefer to pay via check, please contact the ICAP office via 1-(800) 383-0116.

IOWA COMMUNITIES ASSURANCE POOL
12951 University Avenue, Suite 120
Clive, IA 50325

Member Invoice

TO: City of Nevada 1209 6th St. Nevada, IA 50201	Date: May 27, 2026
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Member # 324 - Invoice # 136414

<u>Coverage</u>	<u>Endo. No.</u>	<u>Effective Date</u>	<u>Contribution</u>
CFC Cyber Policy Renewal		07/01/26	\$13,400.00
CFC Policy Administration Fee		07/01/26	\$295.00

Total Due **\$13,695.00**

Payable upon Receipt to Iowa Communities Assurance Pool.

Thank you!